



Washtenaw Christian Academy

7200 Moon Road ♦ Saline, Michigan 48176 ♦ (734) 429-7733 ♦ Fax: (734) 944-8343

ATHLETIC FEES

School Year _____

The fee to participate in the athletic program at WCA is as follows (no family cap):

\$200 per student for first Middle School sport. (\$250 max for multi-sport athlete)

\$275 per student for first Varsity sports. (\$325 max for multi-sport athlete)

\$45 per student for Club Sports

Parent / Family name: _____

Student(s) Participating: _____

Please circle the sport you are participating in and the season. **FALL - WINTER - SPRING**

Boys Soccer Volleyball Co-ed Soccer Girls Basketball Boys Basketball

Cheerleading

Baseball

Girls Soccer

Wrestling

Amount Due: \$ _____ Amount Paid: \$ _____

Received by: _____ Date Received: _____

Return this form and payment into WCA Business Office. Student athletes are eligible to play when the sports fee is paid or arrangements made with the Athletic Director.





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PARENTAL SUPPORT FORM

School Year _____

Student Name: _____

As a parent of a Washtenaw Christian Academy athlete, I do hereby invest in this program. My investment will consist of the following:

1. Reading all material presented to my student athlete.
2. Understanding the rules and guidelines in the student athletic handbook.
3. Making sure that he/she attends all practices and games scheduled.
4. Showing support when attending games when possible.
5. Being on time to pick my student up from practices and from games that I cannot attend. (Note: Ordinarily a phone is available if your student needs to call you when he arrives at WCA.)
6. Arranging ahead of time for a safe place that my student can go, in case I am late in picking him/her up and the school is locked.
7. Praying regularly for his/her effort.
8. Upholding the coach by my attitude and words.
9. Assisting the athletic program with my time. Some examples are: Taking tickets at home games; cleaning up after home games; driving to away games; making phone calls; being a part of the Booster Club.

I understand that the dividends for this will be eternal in nature.

I give permission for my son/daughter to be involved in this program.

Date: _____

Signed: _____

Date: _____

Signed: _____

Before a student can participate in practices, the following forms must submitted:

1. Physical Examination Form, signed by doctor.
2. Student Contract, signed by student.
3. Parental Support Form, signed by parents.
4. Emergency Medical Form signed by parents.
5. Private Vehicle Transportation Form
6. Parental Permission Form To Take An Athlete Home From Away Games.
7. Permission for Student To Drive Self To And From Game (when applicable).





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Parental Permission Form to take an Athlete Home from away games (One athlete per form)

School Year _____

I would like to take _____ home
with me from **ALL OR ANY AWAY** athletic events that I am able to attend. I
will tell the coach when we are ready to leave the game.

Parent Signature _____

Date _____





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STUDENT CONTRACT

School Year _____

I, the undersigned, realize the commitment needed to participate in athletics here at WCA. Therefore, I commit myself to the athletic program and to my individual team in particular.

I will perform the following duties in order to fulfill the contract and show my commitment to the team and to the school.

- A. Be at **EVERY** practice – **ON TIME**. The only excuse for missing is by personal illness, and death in the family, or prearranged absence. I will give the coach ample notification if I will be absent.
- B. The team will be my number one extra-curricular activity. When conflicts arise, I realize the team comes first.
- C. I will attempt to be ready mentally for every practice and every game.
- D. I will strive to meet the academic eligibility requirements set by the MHSAA and by Washtenaw Christian Academy.
- E. I understand equipment/uniforms must be turned in, in good condition, or the replacement cost will be charged to my school account and must be paid in full before any grades or transcripts will be released.

If this contract is broken, the coach and Athletic Director will get together and decide from several options as to action taken with the athlete. The options are as follows:

- 1. Dropped from the team.
- 2. One or more game suspensions from the team.
- 3. Sit out portions of games.
- 4. Public apologies to team and coaches.
- 5. Any other action the coach and/or Athletic Director deems necessary.

Signed _____

Date _____





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Private Vehicle Transportation and/or Bus Transportation Form

School Year _____

REQUEST FOR PERMISSION TO TRAVEL TO AND /OR FROM AWAY GAMES IN A
PRIVATE VEHICLE AND/OR BUS.

This form is to be completed by parent or guardian at the beginning of each school year or
athletic season.

My student _____ has my permission to travel with or
(Name of student)
ride in a private vehicle and/or bus for the ____/____ school year or athletic season. The
driver of the vehicle is to be approved and registered at the WCA school office. Approved
drivers must be over 21 years of age.

Parent signature

Date





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ATHLETIC INJURY WAIVER

School Year _____

Washtenaw Christian Academy does not carry insurance to cover student athletic injuries. Parents will need to acknowledge with their signature that they are aware of their responsibility for their own student athlete in the event of an injury, whether during a practice, a scrimmage, or a game.

Sport(s) student is planning to participate in _____

Student's name _____

Parent/Guardian's name _____

Parent/Guardian's Signature _____

Parent/Guardian's name _____

Parent/Guardian's Signature _____



PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.



SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION ➞ www.facebook.com/CDCHeadsUp



TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

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